PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CM 1857 M2CC

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN
		·	(Column 1)		(Column 2)		1 .	TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			364			·		RATE	FEE]	RATE	FEE
FO)R _a		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	36 minus 20=		* /	18		X\$ 9=		OR	X\$18=	288
IND	DEPENDENT CL	_AIMS	/ minus 3 =		<u> </u>	.0		X43=		OR	X86=	0
MU	JLTIPLE DEPEN	RESENT					+145=		OR	+290=	29:0	
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1348
CLAIMS AS AMENDED - PART II										" ;	OTHER	THAN
		(Column 1)		(Colun		(Column 3)	•	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME!	Independent	*	Minus	***		=] [X43=		OR	X86=	:
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=	-	OR	+290=	
								TOTAL			TOTAL	
		(Caliana 1)		ADDIT. FEE			ADDIT. FEE					
		(Column 1) CLAIMS	 	(Colum	EST	(Column 3)	Т		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE.	TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤		•			
`							Ļ	+145=		OR	+290=	
٠							۾ ,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		: (Colum		(Column 3)	· _			:	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	_
WE	Independent	<u> </u>	Minus	***		=]	X43=		OR	X86=	
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								:	ľ		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	·	OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid					r fou	nd in the app	ropriate box	in coli	umn 1.	